In the last four years over fifty cases of tubercular joint affections were treated by the iodoform injections. Apparently permanent cures followed in many instances, and Wendelstadt and Krouse report similar results.

For these injections a ten or twenty per cent. mixture of iodoform and olive oil, freshly prepared and sterile, should be employed. This is never followed by sufficient absorption to occasion toxic symptoms. When the disease takes the form of parenchymatous synovitis with marked fungous outgrowth, the injection is carried into the joint cavity and into the fungous masses by means of several punctures, from two to six cubic centimetres of the mixture being forcibly driven in. When there is effusion into the joint, or abscesses have been formed, after puncture and evacuation, a quantity of the mixture sufficient moderately to fill the cavity is injected, from ten to thirty cubic centimetres frequently being required. There is but slight reaction following this treatment, and fixation of the joint is not necessary. Parenchymatous injections are repeated at intervals of eight days; when cavities are treated two to four weeks should elapse between each injection. Pain frequently disappears in a few weeks, but improvement in other respects is a matter of considerable time. The motion of the joint is often completely restored. More than half the cases thus treated may be expected to recover.

INTESTINAL ANASTOMOSIS.

T. B. ROBINSON (*The North American Practitioner*, vol. ii. No. 10, p. 451) describes a new plate for intestinal anastomosis. The only objection to the decalcified perforated bone disks of Senn is the length of time required to make them. He criticises the catgut ring of Abbe and the catgut mat of Davis because they do not coapt enough serous matter; they yield and become macerated; they do not keep the bi-mucous fistula patent; and do not produce sufficient fixation and consequent mechanical and physiological rest to insure healing. The segmented rubber ring of Brokaw is objected to for similar reasons. The plate which the author has used most successfully in a large number of experiments on dogs is a combination of a ring of catgut fastened to a plate made of two pieces of rubber. The two pieces of rubber are stitched together at each end with catgut, and the ring is sutured to the sides of the rubber plate with catgut sutures. The needle-armed sutures of the catgut ring are inserted through holes cut in the rubber plate. A triangular piece is removed from each approximating edge of the segments composing the plate in order to permit of fæcal circulation. The author claims for this plate that it is successful in practical experiments; it is quickly made; it coapts the largest possible serous surface and holds in continuous approximation as long as desired the intestinal walls; it is readily absorbable and easily discharged.

A NEW INTESTINAL CLAMP.

BROKAW (*St. Louis Med. and Surg. Journ.*, vol. lix. No. 4, p. 201) describes a new clamp which he has devised for occluding the lumen of the intestine during operations. He has found the other clamps and devices for this purpose unsatisfactory.

The clamp can be made as follows: A piece of No. 12 copper wire, six or eight inches long, is covered with a piece of drainage tubing by forcing the wire through its lumen. The rubber is left to overlap and its ends are ligated. The rubber-covered wire is now evenly flexed upon itself, until it presents two perfectly parallel blades of equal length, and the completed clamp is ready for use. When the clamp is applied, one blade is pushed through the mesentery within a short distance from the attached surface of the intestine. The ends of the clamp are pressed together sufficiently to compress the gut, and a ligature is thrown around the extremities of the blades. Brokaw has had a similar instrument, with more mechanical finish, constructed by an instrument-maker. The advantages which he claims for his clamp are: simplicity of mechanism and ease of application; uniform compression of the bowel; precise regulation of the amount of compression; readiness with which the parts are separated and sterilized.

Gunshot Wound of Important Abdominal Viscera.

J. T. Urie (*Boston Medical and Surgical Journal,* vol. cxxiii., No. 14, p. 318) reports a case of gunshot wound of important abdominal viscera with recovery. The patient was a soldier who was shot at rifle-practice. A 45-calibre conical rifle-ball entered the body about two inches to the right of the spine of the twelfth dorsal vertebra, and made its exit in the right hypochondrium, four and three-quarters inches from the median line, and passing in an oblique course between the ninth and tenth ribs. The injury was followed by great pain, but little or no evidence of shock.

No operation or exploration—beyond a futile attempt at probing—was attempted; the expectant plan of treatment being adopted.

There was hæmaturia for nine days after the receipt of the injury; and jaundice appeared between the fourth and fifth days. There was not at any time much abdominal tenderness beyond the site of the wound. There does not appear to have been any general peritonitis.

On the twenty-third day of the illness the patient was seized with a severe attack of pain, referred at first to the epigastrium, and later to the back. Nausea and vomiting followed, and about one pint of partially-changed blood was ejected from the stomach.

The patient ultimately made a perfect recovery. The liver and kidney were undoubtedly wounded in this case. The treatment consisted of morphine and stimulants.

Diverticulum of the Male Urethra.

Dittel (*Wien. klin. Wochenschrift,* 3 Jharg., No 32) reports an instance of this rare anomaly, so rare that Kaufmann was able to collect but eight cases after a careful study of the literature of the subject. In the reported instance the diverticulum was not discovered till the patient had passed middle life; then a tight stricture was followed by the development of a fluctuating tumor the size of a child's fist located on the under surface of the penis. Concentric pressure on this tumor caused the escape of foul, purulent urine from the meatus. In addition, when the patient entered the hospital, the ordi-